

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: All Providers
Managed Care Plans
CSD Regional Administrators
CSO Administrators
HCS Regional Administrators
Adult Family Homes
Boarding Homes

**Memorandum No. 04-55 MAA
Issued: June 15, 2004**

For Information, Call: 1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: New Medical Identification (ID) Card

Effective July 2, 2004, the Medical Assistance Administration (MAA) is changing the look of the Medical Identification (ID) Card to comply with new U.S. Postal Service requirements.

Beginning July 2, 2004, MAA is changing the size of the Medical ID Cards that are mailed from Olympia. This is necessary to comply with new U.S. Postal Service requirements. This change does not affect how clients get their medical coverage, or how providers bill MAA for covered services.


The new Medical ID Card will have the same format as the old card, except that the new card is larger (8-1/2" x 4") and will be mailed to clients in a white envelope instead of a brown envelope. The new cards have a barcode printed vertically on the right-hand side. **The barcode is for department use only** and contains file-based information. Please see a sample of the new Medical ID Card on the next page.

Medical ID Cards that are printed at the local Community Services Offices (CSOs) are not changing at this time, so providers will continue to see some smaller-sized (6-7/8"x 3-1/2") Medical ID Cards (without barcodes).

To obtain MAA's numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

SAMPLE New Medical ID Card

Please read the back of this card.

 **MEDICAL IDENTIFICATION CARD**
Washington State Department of Social & Health Services
This Card Valid From: 08/01/2004 To: 08/31/2004
S01

PO BOX 45893
OLYMPIA WA 98504-5893

Patient Identification Code (PIC)				Medical Coverage Information							
Initials	Birthdate	Last Name	TB	Insurance	Medicare	HMO	Detox	Restriction	Hospice	DO Client	Other
M-	010143	LIMAB	A								

----- MARJORIE LIMA BEANS CNP
#5L
----- 515 WASHINGTON ST
----- VANCOUVER WA
----- 98660-3456

XXX XXXXXXXXX
XXXXXXXXXXXX

SHOW TO MEDICAL PROVIDER AT TIME OF EACH SERVICE
DSHS 06-028 (REVISED 04/2004)

NOT TRANSFERABLE
SIGNATURE (Not Valid Unless Signed)

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X - XXXXXX XXXXXX - X